

AAPM Exchange Scientist Program

To be completed by an AAPM member to apply for Exchange Scientist Status

PART A

Host Institution and Contact Information:

Name _____

Degree _____ Title _____

Mailing Address Home Office

Other Addresses Home Office

Telephone Number(s) _____

Fax _____ email _____

Years of Experience in:

Medical Physics Research _____ Field _____

Medical Physics Teaching _____ Field _____

Clinical Medical Physics _____ Field _____

Board Certification:

ABR: Year of Certification _____ Field _____

ABMP: Year of Certification _____ Field _____

CCPM: Year of Certification _____ Field _____

Language Other Than English:

_____ Fluency: Mother Tongue Read & Write Adequate

_____ Fluency: Mother Tongue Read & Write Adequate

Remarks (please indicate countries/regions and other special interests):

Countries/Regions _____

Special Interests (you may check multiple entries):

- give one or more lectures on scientific, clinical, or educational topics when I travel to a country (normally at my own expense).
- to be a mentor for self-funded student(s) traveling to US or Canada and stay for one or more days as observer(s) in my department (normally without tuition fee).
- to be a mentor for internet based learning programs.
- to be a speaker to give internet based lectures.
- to be an external examiner to help write question items for foreign certification programs.
- to be an external examiner for foreign oral examinations via internet or in person.

PART B

If you have already made arrangements with the host institution, please complete the following, otherwise go to part C:

Host Institution and Address _____

Country _____

Telephone: Country Code + _____ City Code _____ Number _____

Email _____

Contact Person at Host Institution _____

Address, Phone, Fax and Email if Not the Same as Above _____

Name of AAPM Liaison to the Country/Region _____

Purpose of Visit _____

Estimated Departure Date _____ Approx Duration of Exchange _____

Please enclose a copy of the Host Institution AAPM Exchange Scientist Request Form as necessary.

PART C

I understand that if I am appointed, I will be given the title of "AAPM Exchange Scientist" and provided with a letter to this effect. All financial arrangements, if any, are to be made directly between the requesting host institution and the appointed Exchange Scientist. After the visit, the Exchange Scientist will submit a brief written report within 6 months to the IAC describing the scientific activities. The report should also include information useful to future Exchange Scientists and/or the Exchange Program, such as names of key physicists from the host country, recommended follow-up, travel concerns etc.

Activities will be carried out without any financial support from the AAPM. Neither the AAPM, its members, nor its officers will assume liability for any damage sustained by the Exchange Scientist and/or the host institution as the result of activity(ies) associated with this exchange program.

Applicant's Signature _____ Date _____

Please send the completed form by regular mail, or email to;
The Chair of the AAPM Exchange Scientist Program Subcommittee.
c/o AAPM, 1631 Prince Street, Alexandria, VA 22314 | (571) 298-1301 (fax)